

**NOTICE OF  
ADMINISTRATIVE DISQUALIFICATION**

Notice Date : \_\_\_\_\_  
 Case Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Worker Name : \_\_\_\_\_  
 Number : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

\_\_\_\_\_

\_\_\_\_\_

**DISQUALIFICATION ACTION**

The following action disqualified you from the Food Stamp Program:

- ☐ A state hearing decision found you committed an intentional program violation.  
☐ A court decision found you committed an intentional program violation.  
☐ You signed a Disqualification Consent Agreement on \_\_\_\_\_.  
☐ You signed an Administrative Disqualification Hearing Waiver on \_\_\_\_\_.  
☐ You were disqualified from the Food Stamp Program in \_\_\_\_\_ (LOCATION).

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

**DISQUALIFICATION PENALTY**

The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation. There are separate penalties if you break these rules:

- If you are found guilty in any court of law of having traded food stamp coupons for firearms, ammunition, or explosives, you can be disqualified forever for the first violation.
- If you are found guilty of having traded food stamp coupons for controlled substances, you can be disqualified for 24 months for the first violation and forever for the second violation.
- If you are found guilty of having traded or sold food stamp coupons worth \$500 or more, you can be disqualified forever.
- If you are found to have filed more than one application at the same time and have given false identification or residence information, you can be disqualified for ten years.

This is your \_\_\_\_\_ violation, which means:

- ☐ You cannot get food stamps for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_.  
☐ You have been permanently disqualified from the Food Stamps Program, as of \_\_\_\_\_.

**Rules:** These rules apply. You may review them at your welfare office: 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1.

**Questions? Ask your Worker.**

**State Hearing:** You cannot appeal the disqualification action in a state hearing. If you think the new amount of food stamps for the other members of your household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision changes it.

**NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD**

- ☐ Because \_\_\_\_\_ was disqualified from the Food Stamp Program:  
☐ Your food stamps will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ as of \_\_\_\_\_.  
☐ But since you reported a change, your food stamps will be different. The enclosed Notice of Change shows the amount you will get.  
☐ Your food stamps will stop as of \_\_\_\_\_. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.  
☐ Your certification period has ended. You may reapply at any time. Food stamps may be different because \_\_\_\_\_ was disqualified.

**COMMENTS:**

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE